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<b>SERIAL NUMBER</b> 10/630,206	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 17328CON4
<b>APPLICANTS</b> Kei Roger Aoki, Coto de Caza, CA; Minglei Cui, Irvine, CA; Stephen W. Jenkins, Mission Viejo, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/199,222 07/18/2002 PAT 6,869,610 which is a CON of 09/550,371 04/14/2000 PAT 6,464,986				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 11
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Stephen Donovan Allergan, Inc. 2525 Dupont Drive Irvine, CA92612				
<b>TITLE</b> TREATMENT OF FACIAL PAIN BY PERIPHERAL ADMINISTRATION OF A NEUROTOXIN				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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